

Apr. 16. 2009 8:47AM

No. 1016 P.

3B-1e-34E

RECEIVED

MAY 20 2010

Dept of Ecology

Source: West View Apartments water system



WATER WELL REPORT

FOR AN EXISTING WELL

INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>AGA 564</u>																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>136</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No Property Owner Name <u>West View Apartments</u>																	
CONSTRUCTION DETAILS Liner Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown		Well Street Address <u>in pit in center of Rigging Road</u> City <u>Oak Harbor</u> County: <u>Island</u> Tax Parcel No. <u>R13334-284-0080</u>																	
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs <u> </u> in. by <u> </u> in. and no. of perfs <u> </u> from <u> </u> ft to <u> </u> ft.		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>34</u> Twn <u>33N</u> R <u>1E</u> <input checked="" type="checkbox"/> BWM <input type="checkbox"/> WWM <input type="checkbox"/> Circle one																	
Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown MF's name <u> </u> Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other <u> </u> Diam. <u> </u> Slot Size <u> </u> from <u> </u> ft. to <u> </u> ft.		<table border="1"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C			B	A														
E	F			G	H														
M	L	K	J																
N	P	Q	R																
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Materials paced from <u> </u> ft to <u> </u> ft.																			
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth <u> </u> ft Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement																			
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name <u> </u> Type: <u> </u> H.P.																			
WATER LEVELS: Land-surface elevation above mean sea level <u> </u> ft. Static Level <u> </u> ft. below top of casing Date measured <u> </u> Artesian pressure <u> </u> lbs. per square inch Date measured <u> </u> Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>49</u> Lat Min/Sec <u>18.32926</u> Long Deg <u>122</u> Long Min/Sec <u>40.7776</u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Computer Generated																	
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <u> </u> <input type="checkbox"/> Unknown Yield: <u>10</u> gal./min. with <u> </u> ft drawdown after <u> </u> hrs.		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☐ Other

Name Vin. Sherman

Signature Vin Sherman

Driller License No.

Date Signed 12 May 2010

Drilling Company

Address of person completing this form:

Island County Health Dept

PO Box 5000

City, State, Zip Coupeville, WA 98239